


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-07-2003 91030 012 ***150.00

DOCUMENT # **P01000025067**

1. Entity Name
MIAMI BEACH TAXI SERVICE, INC. ✓



55040077

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12275 N.E. 19 AVE.

3. Mailing Address
12275 N.E. 19 AVE.

Suite, Apt., etc.
#4

City & State
N. MIAMI, FLA.

Zip
33181

Country
DADE

DO NOT WRITE IN THIS SPACE

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4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
STEPHANIE ROGERS

Street Address (P.O. Box Number is Not Acceptable)
7850 N.W. 146TH ST.

SUITE 418

City
MIAMI LAKES FL

Zip Code
33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JESUS M. RODRIGUEZ 12275 N.E. 19 AVE #4 N. MIAMI FL. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. INES BENOSME 420 N.E. 120 ST. N.M.B. FL. 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **JESUS M. RODRIGUEZ** *Jesus M. Rodriguez* 04-06-03 (305) 3059240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034B (12/02)